Statistical Bulletin

METROPOLITAN LIFE INSURANCE COMPANY

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United States War Losses in Korea

MORE THAN 24,000 battle deaths have been reported among the armed forces of the United States in Korea since hostilities began on June 25, 1950. This number includes those killed in action or who died of wounds and the known dead among the men originally reported as missing. In addition, about 9,000 are still on the list of the missing. On the assumption that about nine tenths of these men are dead, the battle death toll in Korea rises to about 32,000. This total is somewhat more than one tenth the corresponding figure for World War II (December 7, 1941, to August 1945) and compares with well over 50,000 battle deaths suffered by the Army land forces alone in the Pacific area during that conflict.

Because of the greater number of men under arms in World War II, the disparity in the battle *death rates* is not as large. Our battle death rate in Korea, based upon the estimated toll of 32,000, averaged 3.5 per 1,000 a year from June 25, 1950 to June 12, 1953. This compares with an average battle death rate of 8.9 per 1,000 a year among the armed forces of the United States in World War II.

The heaviest losses of our armed forces in Korea were suffered in the early part of the conflict, as the table on page 2 shows. For the second half of 1950 the battle death rate, based upon notifications to next of kin, was 7.9 per 1,000 a year, exclusive of those reported as missing in 1950 and later found or presumed to be dead. The rate dropped to 3.2 in 1951 and further to 1.3 in 1952; it was 1.1 up to June 12 of the current year. These rates are based upon the total armed forces, including those in this country as well as those abroad. When the battle deaths are related solely to the armed forces overseas, the rates for 1951 and 1952 are raised to 10.9 and 3.9 per 1,000, respectively. In World War II the overseas battle death rate for the United States Army varied from a low of 12.1 per 1,000 in 1943 to a high of 33.5 in 1944, with an average of 22.5 a year for the period 1942 to 1945.

In the Korean conflict, as in World War II, the Marine Corps suffered relatively heavier losses than any other branch of the service. Allowing for the probable dead among the missing, the battle death rate for the Marine Corps from June 25, 1950, to June 12, 1953, aver-

BATTLE DEATH RATES* BY BRANCH OF SERVICE
UNITED STATES ARMED FORCES, JUNE 25, 1950 TO JUNE 12, 1953

YEAR	ANNUAL DEATH RATES* PER 1,000 MEAN STRENGTH				
	TOTAL FORCES	ARMY	NAVY	MARINE CORPS	AIR FORCE
1950	7.9	14.5	0.3	25.5	0.5
1951	3.2	6.0	.2	4.9	.3
1952	1.3	2.2	.2	3.9	.1
1953	1.1	1.8	.1	4.0	.1
1950-1953					
Reported*	2.6	4.8	.2	6.2	.2
Estimated Total†	3.5	6.3	.2	7.1	.5

*Includes killed in action, died of wounds, and known dead among missing in action. Based on notification to next of kin as reported by the Defense Department in weekly press releases. Figures on strength of the armed forces are also from official sources.

†Includes, in addition to the known dead, 90 percent of the number still listed as missing.

aged 7.1 per 1,000 a year, compared with an average of 6.3 for the Army, 0.5 for the Air Force, and 0.2 for the Navy. Similarly, from December 7, 1941, to December 1945 the average annual battle death rate for the Marine Corps was 14.3 per 1,000, as against 9.4 for the Army, which then included the Air Force, and 4.2 for the Navy. Of the battle deaths among the land forces during World War II, more than 15 percent occurred among the Air Forces; in the Korean War the corresponding proportion was somewhat less than 5 percent.

Data on nonbattle deaths during the Korean War are not yet available for all branches of the service. Reports for the Navy and Marine Corps show that the average nonbattle death rate in the three years 1950 to 1952 was virtually the same as the average for the peacetime years 1946 to 1949. In fact, the death rate from disease was actually lower for the war period than in prewar years, but this improvement was counterbalanced by an increase in nonbattle injuries. From 1950 to 1952 the Navy and Marine Corps had an average annual death rate of 1.6 per 1,000 from nonbattle injuries and 0.3 from disease. In the four years 1942 to 1945 the comparable rates were 2.0 and 0.5 per 1,000, respectively. Nonbattle deaths in these services averaged about 1,600 annually from 1950 to 1952 and approximately 6,500 a year during World War II.

It is a reasonable assumption that in the Army and Air Force, too, the nonbattle death rate in 1950 to

1952 closely approximated that for 1946 to 1949, when it was 2.2 per 1,000—1.5 from injury and 0.7 from disease. On this basis, the number of nonbattle deaths in the Army and Air Force during 1950 to 1952 would be about 4,300 annually; in 1942 to 1945 the corresponding toll was 17,000 a year.

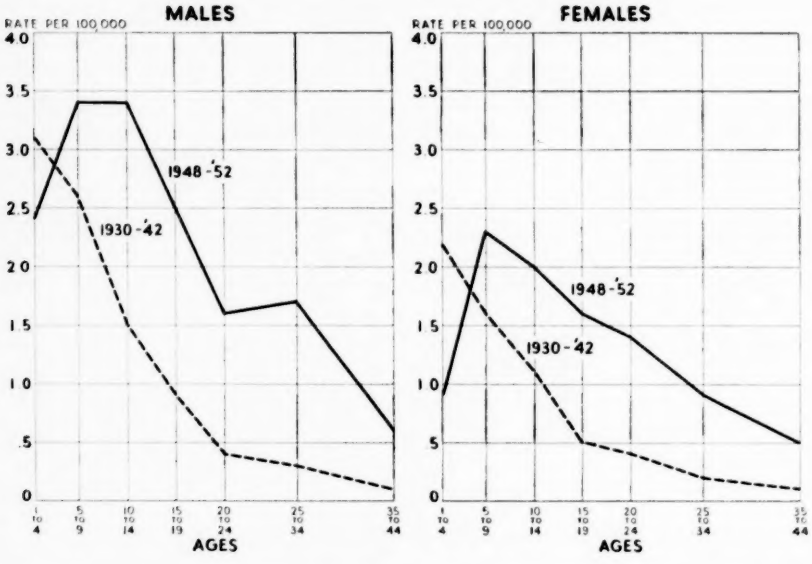
The very low death rate from disease among our armed forces in Korea indicates how very effective our military medical services have been, despite the handicap of singularly difficult conditions. Poor, often primitive, environmental sanitation; the high prevalence of infectious diseases; and extremes of temperature created many serious health problems which have been satisfactorily met. Losses resulting from exposure to cold have been reduced by instructing officers and enlisted men in preventive measures, by better clothing and equipment, and by improved techniques in the management of cases. Protective and sanitary measures have reduced the toll from the epidemic diseases, not only among military personnel but also among the civilian population of Korea. Altogether, the advances made through experience and research in safeguarding the health and life of our armed forces during the Korean War contribute a new chapter to the history of military medicine.

Recent Changes in Poliomyelitis Mortality

IN THE past five years the average death rate from acute poliomyelitis was higher than that in any comparable period since the epidemic year 1916, both in the general population of the United States and among the Industrial policyholders of the Metropolitan Life Insurance Company. In 1948-1952 the death rate from the disease averaged 1.2 per 100,000 policyholders at ages 1 to 74 years, compared with 0.9 in the preceding five years and with 0.8 in the period 1930-1942; in 1916 the death rate reached a record high of 12.3.

A striking feature of the mortality from poliomyelitis is the marked difference in trend by age. At the preschool ages the death rate from the disease among these insured was materially lower in 1948-1952 than in 1930-1942. In contrast, mortality increased in all the other age groups up to midlife, after which deaths are relatively rare. The increases, moreover, were progressively greater with each advance in age. These age trends are observed in both sexes, as may be seen in the chart on page 4. Among insured white males, for example, the death rate from the disease at 5 to 9 years increased about one third from 1930-1942 to 1948-1952, but at ages 10 to 14 it more than doubled, and at ages 25 to 44 rose to about six times the earlier rate. As a result of these changes, the age of maximum mortality has shifted from the preschool to the early school ages, and the decrease in the death rate with ad-

Death Rates per 100,000 from Acute Poliomyelitis White Persons by Sex and Age. Industrial Department Metropolitan Life Insurance Company, 1948-1952 and 1930-1942



vance in age has become somewhat more gradual.

The death rate from poliomyelitis shows marked geographic variations; the prewar and postwar situations for the general population of the United States are compared in the accompanying table. In the postwar years the highest death rates have generally been recorded west of the Mississippi and in the northern States west of the Ohio border. Although poliomyelitis mortality for the country as a whole was about 70 percent higher in the postwar years than before the war, the geographic distribution of the death rates was not greatly different. In general, the largest relative increases have occurred in the Middle West. At the other extreme, there are 12 States in New England and the South, as well as the District of Columbia, in which the postwar rates are lower than or unchanged from the prewar years. In interpreting these figures, it is well to keep in mind that fluctuations from year to year may be fairly large in individual States and that periods of high and low incidence are not common to all regions.

The variations in age and geographic trends are believed to be due to interaction of many complex factors. The virus of poliomyelitis is widespread in its distribution, but immunity to it is usually acquired in childhood. In comparison with the total number of persons who are infected and acquire immunity to

the disease, the number of those with manifest disease coming to diagnosis is very small. The change in age incidence of the disease has been attributed to a postponement of exposure to it because a number of factors have brought about a reduction in the intensity of interpersonal contact of young children with older carriers of the disease. The resulting shift toward a higher age at attack may be regarded as an adverse development because the proportion of severe cases is greater at these ages and the case fatality is higher. A recent study in California showed that in the bulbar and bulbo-spinal forms of the disease,

DEATH RATES PER 100,000 FROM POLIOMYELITIS
EACH STATE, 1946-1950 AND 1933-1940

STATE	AVERAGE DEATH RATES		RATIO	STATE	AVERAGE DEATH RATES		RATIO
	1946-1950	1933-1940	1946-1950 TO 1933-1940		1946-1950	1933-1940	1946-1950 TO 1933-1940
UNITED STATES	1.2	0.7	1.7				
New England				South Atlantic (*Cont.*)			
Maine	0.5	0.8	0.6	Virginia	0.9	0.7	1.3
New Hampshire	1.0	0.6	1.7	West Virginia	0.7	1.2	0.6
Vermont	0.8	1.0	0.8	North Carolina	1.1	0.7	1.6
Massachusetts	0.4	0.5	0.8	South Carolina	0.5	0.9	0.6
Rhode Island	0.4	0.5	0.8	Georgia	0.3	0.7	0.4
Connecticut	0.8	0.4	2.0	Florida	0.9	0.4	2.3
Middle Atlantic				East South Central			
New York	0.9	0.5	1.8	Kentucky	0.9	1.3	0.7
New Jersey	1.1	0.4	2.8	Tennessee	0.8	0.9	0.9
Pennsylvania	0.5	0.4	1.3	Alabama	0.5	0.7	0.7
				Mississippi	0.5	0.9	0.6
East North Central				West South Central			
Ohio	1.1	0.6	1.8	Arkansas	1.2	1.2	1.0
Indiana	1.5	0.7	2.1	Louisiana	0.6	0.5	1.2
Illinois	1.6	0.6	2.7	Oklahoma	2.0	1.1	1.8
Michigan	1.6	0.7	2.3	Texas	1.9	1.0	1.9
Wisconsin	1.9	0.6	3.2				
West North Central				Mountain			
Minnesota	3.3	1.0	3.3	Montana	1.2	0.9	1.3
Iowa	2.2	0.9	2.4	Idaho	1.9	1.1	1.7
Missouri	1.6	0.7	2.3	Wyoming	2.5	1.3	1.9
North Dakota	2.1	0.5	4.2	Colorado	2.0	1.2	1.7
South Dakota	5.5	0.8	6.9	New Mexico	1.7	1.0	1.7
Nebraska	2.6	1.1	2.4	Arizona	1.5	1.3	1.2
Kansas	2.4	0.9	2.7	Utah	1.3	0.7	1.9
				Nevada	1.3	0.8	1.6
South Atlantic				Pacific			
Delaware	0.8	0.4	2.0	Washington	1.3	1.1	1.2
Maryland	0.6	0.3	2.0	Oregon	1.1	0.8	1.4
District of Columbia	0.4	0.6	0.7	California	1.5	0.9	1.7

where the mortality is largely concentrated, the case fatality at ages 10 to 14 was one and a half times as high as at ages under 10, and at ages 15 and over was more than twice as high. This combination of circumstances is primarily responsible for the increase in mortality recorded in older children and young adults. The geographic pattern is likewise believed to reflect differences in the factor of exposure as well as variations in the virulence of the virus.

On the whole, the general situation with regard to acute poliomyelitis is encouraging. Parents and the public generally are increasingly alert to the early signs of the disease, and the prompt attention received by suspected cases together with the greatly augmented facilities for treatment contribute to its better control. Gamma globulin, which provides temporary protection or reduces the severity of the disease, is being used to the fullest extent within the limits of its availability. Recent research on vaccines against poliomyelitis gives hope for the eventual development of effective methods of permanent immunization.

Current Pattern of Marriage and Remarriage

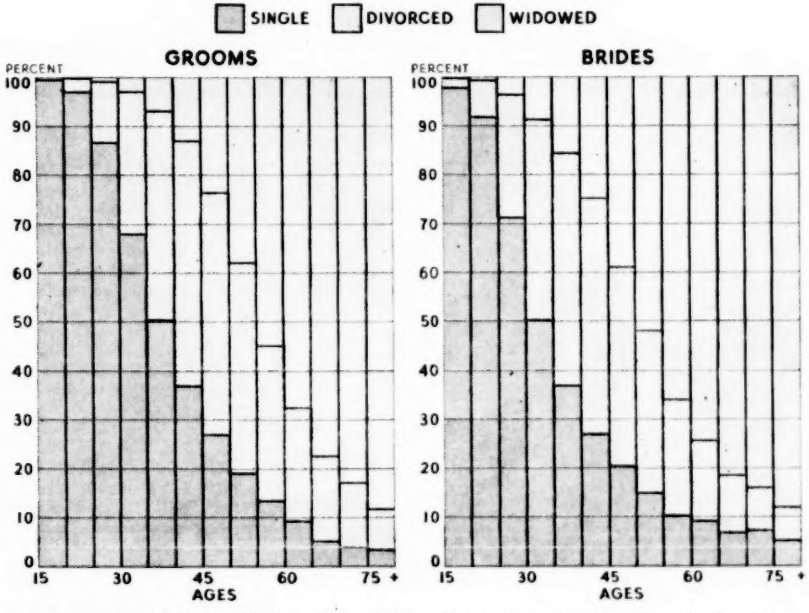
FOUR FIFTHS of those who wed in 1950 had not been married before; the remainder were being married for the second or subsequent time. This is the current picture in 14 States for which data are available on the previous marital status of brides and grooms. Nation-wide information on this subject is lacking.

The relative importance of first and later marriages varies widely according to age, as may be seen in the accompanying chart. Among those marrying in 1950 at ages under 25, bachelors and spinsters constituted well over 90 percent of the total. However, the proportion decreased rapidly with advance in age. For brides, only one half of those at ages 30 to 34 entered their first marriage; at ages 45 to 49, the fraction was one fifth; and at ages past 60, it was less than one tenth. The proportions were about the same for bachelors five years later in life—reflecting the somewhat older age at marriage for men than for women. Thus, bachelors constituted one half of the grooms at ages 35 to 39, and almost one fifth at ages 50 to 54.

Among the men and women who married in 1950 at ages 25 or older, a considerable proportion had already been divorced. One quarter of all the brides at ages 25 to 29 were divorcees, and the proportion rose to a maximum of nearly one half in the age range 35 to 44 years. Of the brides in their early 50's, divorcees represented about a third. For grooms, the proportion previously divorced increased from one eighth for those marrying at ages 25 to 29, to a maximum of one half for those marrying at 40 to 49.

With advancing age, the widowed increased in relative importance

Previous Marital Status of Grooms and Brides Marriages in 14 States,* 1950



*Connecticut, Delaware, Florida, Idaho, Kansas, Maine, Massachusetts, Missouri, New Hampshire, New York (excluding New York City), South Dakota, Tennessee, Virginia and Wyoming.
Source of basic data: National Office of Vital Statistics, *Vital Statistics—Special Reports*, Vol. 37, No. 5, December 16, 1952.

among those marrying. For example, widows constituted one quarter of the brides at ages 40 to 44, one half at 50 to 54, and more than four fifths at ages 65 and over. However, because marriages at the later ages make up only a small fraction of the total, the widowed accounted for only about 6 percent of all brides and grooms in 1950.

Individual States differ markedly in the proportions of the single, divorced, and widowed among those getting married, as is evident from the table on page 8. The proportion of brides who married for the first time in 1950 ranged from a little more than 85 percent in Massachusetts and New York to somewhat less than 65 percent in Florida and Wyoming. These figures are inversely related to those for the divorced; the proportions of divorcees among women getting married ranged from 8.6 percent in New York to 28.3 percent in Wyoming. In every State, widows constituted the smallest group among those marrying.

These geographic variations reflect a number of factors, including the age and marital composition of the population, differences in attitudes toward divorce among various

MARRIAGES ACCORDING TO PREVIOUS MARITAL STATUS
PERCENT DISTRIBUTION IN 14 STATES, 1950

STATE OF OCCURRENCE	TOTAL MARRIAGES	GROOMS			BRIDES		
		SINGLE	DIVORCED	WIDOWED	SINGLE	DIVORCED	WIDOWED
Total—14 States	100.0	79.9	14.4	5.7	78.9	15.1	6.0
Connecticut	100.0	79.5	15.2	5.3	80.0	14.4	5.6
Delaware	100.0	82.1	14.0	3.9	81.9	13.2	4.9
Florida	100.0	65.4	26.5	8.1	63.2	27.4	9.4
Idaho	100.0	71.8	23.5	4.7	66.0	27.4	6.6
Kansas	100.0	78.7	16.4	4.9	77.5	17.0	5.5
Maine	100.0	80.6	14.0	5.4	80.1	14.8	5.1
Massachusetts	100.0	86.7	8.3	5.0	86.3	9.3	4.4
Missouri	100.0	74.0	20.3	5.7	73.7	20.3	6.0
New Hampshire	100.0	73.9	20.8	5.3	74.0	20.2	5.8
New York*	100.0	86.2	7.7†	6.1	85.4	8.6†	6.0
South Dakota	100.0	83.9	12.4	3.7	81.7	13.7	4.6
Tennessee	100.0	78.4	15.4	6.2	79.1	14.9	6.0
Virginia	100.0	83.0	11.6	5.4	81.1	12.8	6.1
Wyoming	100.0	70.7	24.1	5.2	64.7	28.3	7.0

*Excludes New York City.
†Includes those with previous marriage annulled.
Source of basic data: Same as for chart on page 7.

religious groups, and — even more important — the diversity in our marriage and divorce laws. Thus, the high proportion of bachelors and spinsters among persons marrying in Massachusetts and New York reflects in part the tendency of many of their divorced residents to remarry in other States. Such a movement from Massachusetts accounts in large measure for the relatively high proportion of divorced among the brides and grooms in New Hampshire. Similarly, many New Yorkers, as well as persons from other States, obtain their divorce in Florida and remarry there before returning home.

Increase in Motor Vehicle Accident Fatalities

THE death toll from motor vehicle accidents in the United States has been mounting steadily since 1949. Last year approximately 38,000 lives were lost in such mishaps, an increase of about 6,000 over the number three years earlier. Unless the rise is halted soon, the total for 1953 may equal the all-time high of 40,000 motor vehicle fatalities recorded in 1941.

Information on the types of motor vehicle mishaps responsible for the rising death toll is available from the experience among the Industrial policyholders of the Metropolitan

DEATH RATES FROM MOTOR VEHICLE ACCIDENTS BY TYPE SPECIFIED AGE PERIODS, 1 TO 74 YEARS. INDUSTRIAL DEPARTMENT METROPOLITAN LIFE INSURANCE COMPANY, 1949 TO 1952

TYPE OF ACCIDENT; AGE PERIOD	DEATH RATE PER 100,000				PERCENT CHANGE 1952 SINCE 1949
	1952*	1951	1950	1949	
1 to 74 Years					
Motor vehicle—Total	16.9	15.9	15.8	13.6	+ 24
Collision with pedestrian	4.6	4.7	5.1	4.5	+ 2
Collision with other motor vehicles	4.8	4.5	4.8	3.8	+ 26
Collision with other vehicles†	.9	1.0	.9	.8	+ 13
Other and unspecified accidents‡	6.5	5.7	5.1	4.5	+ 44
1 to 14 Years					
Motor vehicle—Total	8.3	8.2	8.4	7.8	+ 6
Collision with pedestrian	5.2	5.3	5.9	5.2	0
Collision with other motor vehicles	1.0	.9	.8	.8	+ 25
Collision with other vehicles†	.7	.9	.7	.7	0
Other and unspecified accidents‡	1.4	1.0	1.0	1.0	+ 40
15 to 19 Years					
Motor vehicle—Total	25.6	23.0	21.4	17.7	+ 45
Collision with pedestrian	2.0	1.9	2.0	1.6	+ 25
Collision with other motor vehicles	8.3	7.1	7.2	6.3	+ 32
Collision with other vehicles†	2.1	2.1	1.6	1.0	+110
Other and unspecified accidents‡	13.3	11.8	10.5	8.9	+ 49
20 to 24 Years					
Motor vehicle—Total	28.5	27.8	25.1	21.3	+ 34
Collision with pedestrian	1.7	2.0	1.6	1.0	+ 70
Collision with other motor vehicles	7.9	9.0	9.7	7.4	+ 7
Collision with other vehicles†	1.1	1.2	1.1	1.0	+ 10
Other and unspecified accidents‡	17.8	15.6	12.8	11.8	+ 51
25 to 29 Years					
Motor vehicle—Total	18.2	17.4	16.9	12.7	+ 43
Collision with pedestrian	1.1	1.2	1.0	.9	+ 22
Collision with other motor vehicles	5.8	6.3	6.3	4.4	+ 32
Collision with other vehicles†	.8	1.4	1.2	.9	— 11
Other and unspecified accidents‡	10.5	8.5	8.3	6.5	+ 62
30 to 64 Years					
Motor vehicle—Total	16.4	14.5	15.0	13.0	+ 26
Collision with pedestrian	4.5	3.9	5.0	4.3	+ 5
Collision with other motor vehicles	5.6	4.9	5.1	4.2	+ 33
Collision with other vehicles†	.8	.8	.8	.6	+ 33
Other and unspecified accidents‡	5.6	4.8	4.2	3.9	+ 44
65 to 74 Years					
Motor vehicle—Total	27.9	32.1	33.0	29.7	— 6
Collision with pedestrian	15.9	21.4	20.3	20.0	— 21
Collision with other motor vehicles	5.1	4.5	6.6	4.6	+ 11
Collision with other vehicles†	1.0	.8	1.0	.6	+ 67
Other and unspecified accidents‡	5.9	5.5	5.0	4.5	+ 31

*Provisional.

†Mainly railroad trains and bicycles.

‡Mainly overturning in roadway, running off roadway, collision with fixed or unspecified objects

Life Insurance Company; the details appear in the table on page 9. Although these insured are mostly urban dwellers, their experience is similar to that for the general population, as evidenced by an increase of nearly 25 percent in their motor vehicle accident death rate between 1949 and 1952—from 13.6 to 16.9 per 100,000 at ages 1 to 74.

Increasingly important in this picture is the high toll taken in accidents in which passengers or drivers are killed. Thus, the death rate in the insurance experience from mishaps involving motor vehicles overturning on the road; running off the roadway; hitting a curb, pole, tree, or some other fixed object increased more than 40 percent between 1949 and 1952. Similarly, the death rate from accidents involving collisions between two or more vehicles was up 26 percent. These facts indicate the direction in which the safety movement needs to intensify its efforts.

The loss of life among pedestrians injured in motor vehicle mishaps was only slightly higher in 1952 than in 1949, the rates being 4.6 and 4.5 per 100,000, respectively. As a result, pedestrian accident deaths at ages 1 to 74 decreased in relative importance, from one third of all the motor vehicle fatalities in 1949 to little more than one quarter three years later. In fact, whatever encouragement there is in the recent experience is found in the record for pedestrian fatalities among children and the aged, the groups where the pedestrian hazard is the most prominent. Although the total motor vehicle accident death rate at ages 1 to 14 was 6 percent higher in 1952 than in 1949, the rate for pedestrian accidents was the same in both years. At ages 65 to 74 the lower motor vehicle accident death rate in 1952 than in 1949 resulted entirely from the drop in pedestrian fatalities.

Every age group under 65 years contributed to the over-all rise in the motor vehicle death rate. The largest increases occurred in the age range 15 to 29 years, where more than 90 percent of the motor vehicle accident deaths occur among passengers or drivers. In this age range the rise in the death rate between 1949 and 1952 averaged about two fifths, reflecting a growing tendency of many young people to play fast and loose with their own lives and those of their companions. Even the pedestrian accident death rate at these ages increased materially.

This substantial increase in motor vehicle accident fatalities is very disappointing, especially in view of the improvement registered in the years immediately following World War II. The unfavorable record appears particularly deplorable when contrasted with the continued reduction in the death rate from accidents other than those involving motor vehicles. Safety education, in order to be effective, must persuade drivers to avoid foolhardy actions, particularly on the open road. It is a campaign which requires wholehearted and intelligent support and cooperation, as well as courteous consideration for one's fellow men.

DEATH RATES* PER 100,000 POLICYHOLDERS FROM SELECTED CAUSES
INDUSTRIAL PREMIUM-PAYING BUSINESS, WEEKLY AND MONTHLY COMBINED
METROPOLITAN LIFE INSURANCE COMPANY

May 1953

CAUSE OF DEATH	ANNUAL RATE* PER 100,000 POLICYHOLDERS				
	MAY		YEAR-TO-DATE		
	1953	1952	1953	1952	1951
All Causes—Total	595.4	673.2	686.1	692.9	700.5
Tuberculosis (all forms)	10.4	14.4	11.3	16.9	18.7
Tuberculosis of respiratory system	9.0	13.0	10.1	15.5	17.1
Syphilis	2.8	3.3	2.9	3.0	4.3
Communicable diseases of childhood	.5	.4	.4	.8	.5
Acute poliomyelitis	.3	.3	.5	.2	.3
Malignant neoplasms	115.3	124.3	122.4	123.9	123.2
Digestive system	38.9	45.5	43.2	47.4	47.2
Respiratory system	13.2	14.6	14.6	13.8	14.0
Diabetes mellitus	13.4	15.7	16.0	14.5	16.7
Diseases of the cardiovascular-renal system	299.5	348.6	352.3	359.5	364.3
Vascular lesions, central nervous system	59.3	72.0	69.4	73.9	68.8
Diseases of heart	220.4	254.5	259.7	259.7	267.5
Chronic rheumatic heart disease	12.0	14.2	13.9	14.2	15.1
Arteriosclerotic and degenerative heart disease	162.7	185.8	191.7	189.5	194.4
Hypertension with heart disease	36.9	44.0	43.2	45.2	46.6
Other diseases of heart	8.8	10.5	10.9	10.8	11.4
Hypertension without mention of heart	5.4	5.0	5.9	6.2	7.1
General arteriosclerosis	4.9	5.9	6.4	7.2	6.9
Nephritis and nephrosis	9.5	11.2	10.9	12.5	14.0
Pneumonia	12.4	16.9	20.1	20.4	21.4
Influenza	2.1	2.7	5.2	3.0	4.7
Ulcers of stomach and duodenum	5.0	4.0	4.8	4.8	4.6
Appendicitis	1.4	1.9	1.4	1.4	1.5
Hernia and intestinal obstruction	2.8	3.6	3.8	4.0	4.0
Gastritis, duodenitis, enteritis, etc.	2.0	2.6	2.3	3.1	2.8
Cirrhosis of liver	8.6	8.6	10.8	10.4	9.7
Complications of pregnancy, childbirth	1.3	1.5	1.4	1.4	1.5
Suicide	6.5	6.0	5.6	6.3	6.5
Homicide	2.4	2.2	2.4	2.5	2.4
Accidents—total	36.4	40.1	35.3	39.3	36.0
Motor vehicle	14.4	15.6	14.3	14.8	13.6
Home	7.6	5.9	7.4	7.6	8.0
Occupational (civilian)	3.0	4.0	3.0	3.5	3.5
War deaths—enemy action	1.9	2.2	1.8	2.4	6.9
All other causes	70.2	73.7	85.7	75.3	70.3

*The rates for 1953 and 1952 are provisional.

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MORTALITY FROM ALL CAUSES

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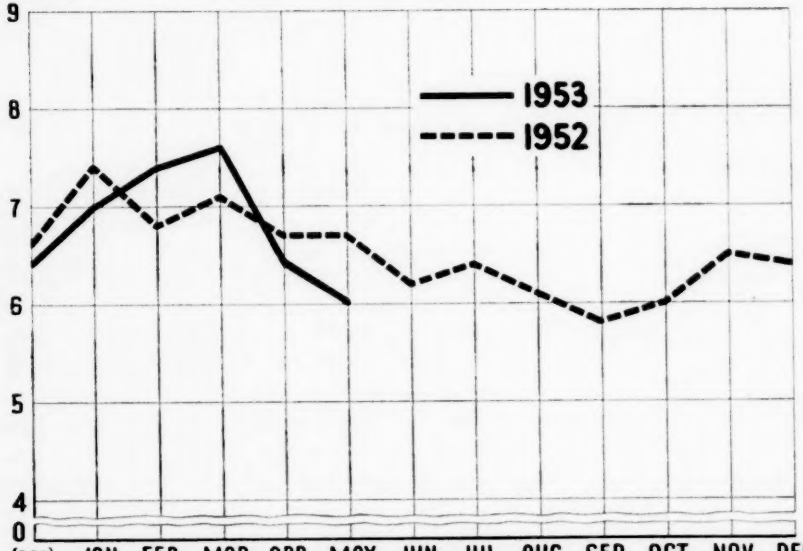
WEEKLY AND MONTHLY COMBINED

DEATH RATES PER 1,000 POLICYHOLDERS • ANNUAL BASIS



(DEC)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1952	7.4	6.8	7.1	6.7	6.7	6.2	6.4	6.1	5.8	6.0	6.5	6.4
1953	7.0	7.4	7.6	6.4	6.0							

1952 and 1953 figures are provisional

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